

Anthony Joseph Burgos

FULL NAME

COMMITTED NAME (if different)

9500 Etiwanda Ave

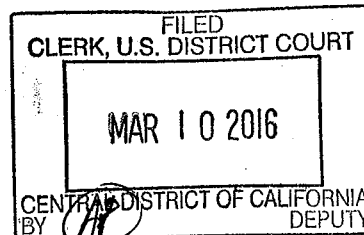
FULL ADDRESS INCLUDING NAME OF INSTITUTION

Rancho Cucamonga Ca,

91739

PRISON NUMBER (if applicable)

SC # 1 (WVDC) 1511340725

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

Anthony J Burgos

PLAINTIFF,

CASE NUMBER

CV 16-00429-JFW (AS)

To be supplied by the Clerk

San Bernardino County

Sheriff's Department

DEFENDANT(S).

## CIVIL RIGHTS COMPLAINT

PURSUANT TO (Check one)

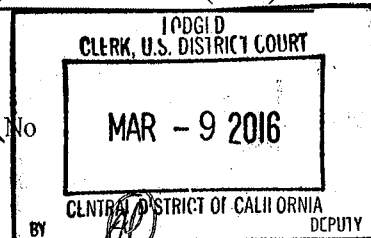
☒ 42 U.S.C. § 1983☐ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

## A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☐ Yes ☒ No
2. If your answer to "1." is yes, how many? 0

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

On Sept 19, 2014 I was a Victim Of a Battery By A Deputy Of the San Bernardino Sheriff's Department... On the 19<sup>th</sup> Of September, I was In Custody And housed In "West Valley Detention Center", In Rancho Cucamonga Ca. I've Been In Max Custody And Early Morning hours, I was Suppose to Appear In front Of a Judge, when Deputy Alejandro Barrero slap me Across the head And started forcefully pushing me Down a Hallway.



1 Before we are escorted to Court  
2 we are hand-cuffed to a 5-man  
3 chain, put on a bus and transported  
4 to the courthouse.

5 Being that I'm a high-custody inmate  
6 I'm transported with a "Black-Box",  
7 and shackles at my ankles. However  
8 upon arrival of Rancho Cucamonga,  
9 court house were lead off the bus into  
10 a hallway, where we are lined up  
11 so the deputies can uncuff us and  
12 send us to our assigned areas...

13 Being I am high custody, inmates of  
14 my level are put in single man-cells.  
15 Well after the other inmates were taken  
16 off the chain with me is when the  
17 punishment started happening.

18 Deputy Barrero, Alejandro starting  
19 shoving me extremely hard, "forcefully"  
20 were at one point stop me in the  
21 middle of the hallway, purposely stepped  
22 on my leg-shackles and pushed me  
23 forward.

24 I'm still "Black-Boxed" at my waste  
25 so the impact of my fall was "Brutal",

1 And, Very painful...

2 It Caused me (2) fractures And a  
3 Broken Nose...

4 Because Of my Injures, I Needed  
5 Medical Attention, Therefore the  
6 fire Department And Ambulance were  
7 Called And I was put On a stretcher &  
8 placed In the Back Of the Ambulance  
9 Before San Bernardino County Sheriffs  
10 Given the Authorization And taken me  
11 Into there Custody, placing me In the  
12 Back Of a Sheriff Vehicle.

13 After I was placed Behind the Vehicle,  
14 I was than transported to (W.V.D.C)  
15 The County facility, And was Seen By  
16 The medical personal, In the Infirmary...  
17 Examinations (X-Rays) Have Been taken  
18 Therefore Confirming my "Injuries"  
19 (2) fractures And A Broken Nose...

20 About 1-hour Later, I was then  
21 Transported to "Arrowhead Regional medical  
22 Center", Hospital In Cotton, California.

23 They Confirm my Injuries, But stated  
24 Nothing could Be Done, Because Of Blood  
25 clogs. Back to County Jail I was taken.

I than soon Submitted And Ex-  
-hausted All my Grivenaces from  
Sept 19<sup>th</sup> 2014 Incident.

In October 2014 Internal Affairs had  
Come And Question me About Said In-  
-cident And I was told they would get  
In-Contact with me But Never Did.

Nov 2015 I have taken It Upon my-  
self to Contact Internal Affairs And  
was told, there Is Video Surveillance, photo-  
-graphs On this Incident".

Around Or About Sept 23<sup>ed</sup> to A-  
Bout the 30<sup>th</sup>, I had went to Court And  
Informed my Judge to put On Record I  
Was a Victim, Therefore to please Save  
All photographs And Surveillance footage,  
On this Incident...

I Now state that I have had my  
8<sup>th</sup> Amendment Violated Of Cruel & Unusual  
punishment Causing me Injuries...

These Are facts And what had  
Taken place On September 19, 2014  
Hoping the Courts will help And  
Understand that this Act Of Violence

1 Compensation for my Injuries,  
2 Pain And Suffering

3 Sincerely

4 Burgos Anthony  
5 Completed 2.26.16  
6  
7  
8  
9  
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- a. Parties to this previous lawsuit:  
Plaintiff

Anthony Joseph Burgos

Defendants

Alejandro Barrero Of the San Bernardino Sheriff's Department...

- b. Court

United States District Court  
Los Angeles California 90012

- c. Docket or case number

- d. Name of judge to whom case was assigned

- e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?)

Barely starting

- f. Issues raised:

8<sup>th</sup> Amendment Violation...

"Cruel And Unusual Punishment" Causing Injuries By a Sheriff Deputy, Alejandro Barrero

- g. Approximate date of filing lawsuit:

2-26-16

- h. Approximate date of disposition

N/A

#### B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No

2. Have you filed a grievance concerning the facts relating to your current complaint? ☒ Yes ☐ No

If your answer is no, explain why not N/A

3. Is the grievance procedure completed? ☒ Yes ☐ No

If your answer is no, explain why not N/A

4. Please attach copies of papers related to the grievance procedure.

Grievance # 1434609198/P# 8625-11

#### C. JURISDICTION

This complaint alleges that the civil rights of plaintiff

Anthony Joseph Burgos

who presently resides at

9500 E. Irwindale Ave Rancho Cucamonga Ca

(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

\* Rancho Cucamonga Ca, Court House \*

(institution/city where violation occurred)

1. Defendant San Bernardino County Sheriff's Dept. resides or works at  
(full name of first defendant)

(full address of first defendant)  
sheriff Deputy Rancho Cucamonga Courthouse  
(defendant's position and title, if any)

"Unprofessional," Violating My 8th Amendment  
 Cruel And Unusual Punishment' Causing Injuries

2. Defendant Alejandro Barrero (full name of first defendant) resides or works at \_\_\_\_\_

(full address of first defendant)  
San Bernardino Sheriff  
(defendant's position and title, if any)

Explain how this defendant was acting under color of law:  
while working Under Color Of Law - & Violated my  
8th Amendment, Cruel & Unusual punishment Causing injuries!

3. Defendant \_\_\_\_\_ resides or works at  
(full name of first defendant)

(defendant's position and title, if any)

Explain how this defendant was acting under color of law:

4. Defendant \_\_\_\_\_ resides or works at  
(full name of first defendant)  
\_\_\_\_\_  
(full address of first defendant)  
\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

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5. Defendant \_\_\_\_\_ resides or works at  
(full name of first defendant)  
\_\_\_\_\_  
(full address of first defendant)  
\_\_\_\_\_  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☐ individual ☐ official capacity.

Explain how this defendant was acting under color of law:

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**D. CLAIMS\*****CLAIM I**

The following civil right has been violated:

On Sept 19<sup>th</sup>, 2014, I had my 8<sup>th</sup> Amendment Violated By Being Injured By Deputy "Alejandro Barrero" who purposely stepped on my legs shackles and push me forward causing me to land face first into cement floor. Violation Of the Amendment, "Cruel And Unusual punishment, is A Brutal Act And Very Unprofessional Of a Deputy, who By Law is to Serve And protect, Went Out Of his way And performed his Duties Very Unprofessional... Therefore, the Lack Of his Unprofessionalism I suffered a Broken Nose And (2) fractures in which he violated my 8<sup>th</sup> Amendment Right... "Cruel & Unusual Punishment"

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

- |                      |                              |
|----------------------|------------------------------|
| ① Video Surveillance | (Sept 19 <sup>th</sup> 2014) |
| ② Medical (X-Rays)   | (Sept 19 <sup>th</sup> 2014) |
| ③ photographs        | (Sept 19 <sup>th</sup> 2014) |

On Sept 19<sup>th</sup> 2014, I had Been a Victim And the following (3) Items Listed Are Actual facts... This incident had taken place in Rancho Cucamonga Courthouse. Deputy Alejandro Barrero "forcefully" And physically Caused me harm my stepping on my shackles And pushing me forward causing me to land on my face. There is Video Surveillance On Upon Act, photographs Taken After Injuries. (X-RAYS) to Confirm Injuries from Sept 19<sup>th</sup>, 2014.

\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

**E. REQUEST FOR RELIEF**

I believe that I am entitled to the following specific relief:

Compensatory & Punitive Damages Caused By  
Deputy Alejandro Barrero, Sheriff Of San  
Bernardino County. \* \*

for All Medical Expenses And Coverages.  
I still have NOT yet had the (\$) for fixing  
My Nose. I've Suffered a Sleeping Disorder, Loud  
Snoring, Constant Wakes, Tossing & Turning...  
Headaches, Dizziness, Black-Outs And trouble  
Seeing. \* \*

This has Caused Me a ton Of stress, Breathing  
troubles, I Only Breath Out Of (1) Nostril.

Violation Of My 8<sup>th</sup> Amendment Of Corel And  
Unusual punishment Causing "Injuries" By Using  
Excessive force.

I Believe Im Entitled to the following Reliefs  
Compensation for My Mental & physical Well  
Being.

I also Believe Based On His Lack Of Duty's And  
His Brutality He had Committed, that he would  
Be Relieved Of His position And Duty's As a Sheriff  
Officer. He's Capable Of hurting Any Body And to per-  
vent Any further Incidents I Ask this Be taken  
In-to Consideration.

Furthermore I Ask that My Compensation Be  
Acknowledged And Granted Based On His performance  
And Duties.

In Right, Wrong Or Indifferent I Want him  
Held Accountable for His Actions.

February 21<sup>th</sup> 2016 Anthony Burgos  
 (Date) (Signature of Plaintiff)

San Bernardino County Sheriff's Department  
Health Services Division**AUTHORIZATION FOR RELEASE AND/OR  
DISCLOSURE OF MEDICAL INFORMATION**Please **REQUEST** medical information **FROM:**Please **SEND** medical information **TO:**

West Valley Detention Center  
 Name of Health Care Provider  
9500 Etiwanda Avenue  
 Street Address Rancho Cucamonga, CA 91739  
 City, State, and Zip Code

Correspondance clerk  
312 N. Spring street Rm G-8  
Los Angeles Ca, 90012

I hereby authorize West Valley Detention Center to release and/or disclose the medical information as indicated below to the health care provider, entity, or person I have indicated above.

Release and/or disclose records and information regarding:

Anthony Joseph Burgos  
 Patient's Name (Also list other names used)

1408340661  
 Booking Number

N/A  
 Medical Record Number

570-85-9139  
 SSN

7-30-85  
 Date of Birth

**DURATION:** This authorization shall become effective immediately and shall remain in effect until 2-26-17 (enter date) or for one year from the date of signature if no date entered.

**REVOCATION:** This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

**REDISCLASURE:** I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

**SPECIFY  
RECORDS TO BE  
RELEASED  
AND/OR  
DISCLOSED:**

Check the box and initial which type of information is to be released and/or disclosed:

☒ General Medical Information (from 9/19/14 to 2/21/14)  
☒ Information regarding Specific Injury or Treatment (from 9/19/14 to 2/21/14)  
☒ X-Ray (check one or both): ☒ Films ☒ Reports

☐ Laboratory Results  
☐ Mental Health (from \_\_\_\_\_ to \_\_\_\_\_)

☐ Alcohol / Drug (from \_\_\_\_\_ to \_\_\_\_\_)

☐ HIV Test Results (from \_\_\_\_\_ to \_\_\_\_\_)

☐ Other (specify): \_\_\_\_\_

Signature of Patient or Patient's Representative

Date

Signature of Patient or Patient's Representative

Date

Signature of Patient or Patient's Representative

Date

I request that the health information released and/or disclosed pursuant to this authorization be used for the following purposes only:

Civil Law Suit

A copy of this authorization is valid as an original. I have a right to receive and keep a copy of this authorization.

2-26-16  
 Date Anthony J. Burgos  
 Signature of Patient or Patient's Representative

Indicate Relationship (if signed by other than patient)

- ☒ West Valley Detention Center • Attn: Medical Clinic • 9500 Etiwanda Ave • Rancho Cucamonga, CA 91739 • Phone: (909) 463-5085 • Fax: (909) 463-5095  
☐ Glen Helen Rehabilitation Center • Attn: Medical Clinic • P.O. Box 9490 • San Bernardino, CA 92427 • Phone (909) 473-2503 • Fax (909) 473-2643  
☐ Central Detention Center • Attn: Medical Clinic • 630 E. Rialto Ave. • San Bernardino, CA 92415 • Phone: (909) 386-0912 • Fax: (909) 386-0939  
☐ High Desert Detention Center • Attn: Medical Clinic • 9438 Commerce Way • Adelanto, CA 92301 • Phone (760) 530-9363 • Fax (760) 246-4628

**San Bernardino County Sheriff's Department  
Health Services Division**

**INMATE PERSONAL MEDICAL RECORDS  
PROCEDURE & ACKNOWLEDGEMENT OF FEE**

Requests for medical records for personal use will be processed if the following conditions are met:

- 1) You have completed and signed an *Authorization for Release and/or Disclosure of Medical Information* form
- 2) You must have at positive balance of \$16.00 on your books
- 3) This form signed and returned with the *Authorization for Release and/or Disclosure of Medical Information* form

A copy of your records **will be placed in your property** and your account will be debited for \$16.00.

If you prefer to have your personal physician or other licensed care provider request your medical records for the purpose of continuing your medical care, copies will be mailed to your care provider at no charge.

You may also request your medical records through your attorney by obtaining an authorization form provided by your attorney's office. Your medical records will be mailed to your attorney with no immediate charge to you.

Inmates who are pro per may have a copy of their records while housed at WVDC if they complete and sign a release form. The \$16.00 charge applies.

Please resubmit with the following:

- ☒ Authorization completed and signed
- ☒ A balance of \$16.00 on your books
- ☒ This form must be signed and returned to Medical Records acknowledging that you are aware of the \$16.00 copy fee for your personal medical records

Inmate Signature

Date

Anthony Burgos

2.26.16



**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT  
DETENTION AND CORRECTIONS BUREAU**

- ☐ CDC  
☐ GHRC  
☐ HDDC  
☒ WVDC  
☐ Type I  
☐ Work Release

**INMATE GRIEVANCE INVESTIGATION**

Date February 3, 2015Grievance # 1434G09198/P# 8625-11Inmate's Name Anthony BurgosBooking # 1408340661Investigation Conducted By Sergeant B. ZeiglerEmployee # Z0096

**SUMMARY OF COMPLAINT AND FINDINGS**

**Burgos submitted a grievance and alleged Deputy Alejandro Barrero used unreasonable force on him at the Rancho Cucamonga Courthouse.**

**An administrative investigation was conducted by Sheriff's Internal Affairs Division.**

**ACTION TAKEN**

**The allegation Deputy Barrero used unreasonable force has been "SUSTAINED."**

Reviewed By

*Chris Fisher*  
**CHRIS FISHER**  
 Duty Lieutenant

Approved By

*[Signature]*  
 Facility Administrator

Written reply given to inmate on \_\_\_\_\_

Date

At \_\_\_\_\_

Time

By \_\_\_\_\_

Print Name

This complaint has been discussed with me and I have been advised of the findings.

\_\_\_\_\_  
 Inmate Signature

\_\_\_\_\_  
 Date

☐ Original: Inmate's Booking Jacket☐ Copy: Inmate☐ Copy: Administration





JOHN McMAHON, SHERIFF-CORONER



January 29, 2016

Anthony Burgos BK# 1511340725  
West Valley Detention Center  
9500 Etiwanda Avenue  
Rancho Cucamonga, CA 91739

Dear Mr. Burgos:

Your letter was received at the San Bernardino County Sheriff's Internal Affairs Division and has been reviewed. According to California Penal Code §832.7, and other sections of the California Government Code, the investigation into your complaint is considered confidential. This restricts our ability to disclose specific details of our investigation. The department is limited to providing you with only the determinations specific to your matter.

However, you are welcome to submit a public records request for the photographs, surveillance video and copies of prior grievances you desire. This request can be sent to the San Bernardino County Sheriff's Department Civil Liabilities Division at the following address:

San Bernardino County Sheriff's Department  
Civil Liabilities Division  
P.O. Box 569  
San Bernardino, CA 92402-0569

Additionally, any legal correspondence pertaining to your matters can also be directed to the Civil Liabilities Division.

Sincerely,

**JOHN McMAHON, SHERIFF-CORONER**

A handwritten signature in black ink, appearing to read "SK" or "Shelley Krusbe".

By: Shelley Krusbe, Sergeant  
Internal Affairs Division  
(909) 387-3726

**JM:SK**



RECEIVED  
CLERK, U.S. DISTRICT COURT  
MAR - 9 2016  
CENTRAL DISTRICT OF CALIFORNIA  
BY DEPUTY

LEGAL  
MAIL  
Western Division  
312 D. Spring Street  
Los Angeles Ca,  
90012  
RM: G-8





M. LUCIFORA 65829